Program Data Sheet

Name of Event:				Pilot Program		
Easter Egg Splash				Revised program		
			X	Repeat Program		
Date: April 7, 2007	Day of Week: Saturday	Time: all da	ıy			
Location: Indoor Pool	Information Phone #:	Price:				
		\$2 Non-Me	mb	ers, \$1 Members		
Program Coordinator: Mike Carlomany						
Phone #: 757-788-3301	Fax #:757-788-3345	e-mail Address:				
Purpose of the Event:						
Holiday Event						
Indicator/Measure of Success:						
Attendance of 25 or more, no injuries, successful completion						
After Action Report (AAR) Comments from Prior Event(s):						

Key POCs

Name	Requirements	Phone #	Fax #	e-mail	Actions
Casemate, Web,	Publicity				
flyers, email					
	Equipment				
	Supplies				
	Audio/video				
	Decorations				
	Food & Beverages				
	Procurement				
	Set-up / Clean-up				
	Other				

After Action Report

Financial Analysis				
Merchandise	18.00	Notes:		
Sales:		*Early bird pool pass sales		
COGS:	9.87			
Ticket Sales:	98.00			
Other Revenues:	600.00*			
Labor:	100			
Other Expenses:	33.08			
NIBD:	573.05			

Program Analysis		
Attendance: 60		
Indicator/Measure of Suc	ccess:	
No injuries, Great Comn	nents, Attendance of 60	
Elements to Change: Off	Fer small toy prizes to children separate and in addition to the gift certificates awarded	
Elements to Eliminate:		
Elements to Add:		
Other Comments: Preparation and set-up w	rent well; execution of the event went as planned. No problems incurred.	